PTO/SR/80 /11-08\

28, 2010

Telephone 82-31-8006-3731

Date JULY

Approved for use through 11,002011, Owe 90 of 1000 of

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3,73(b). I hereby appoint: ✓ Practitioners associated with the Customer Number: 23363 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 23363 1 The address associated with Customer Number: ORFirm or Individual Name Address City State Zlp Country Email Telephone Assignee Name and Address: SAMSUNG SDI CO., LTD. 428-5, Gongse-dong, Giheung-gu Yongin-si, Gyeonggi-do, Republic of Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record

Byung Su Han Title General Manager, Legal & IP Team This collection of biomation is required by 37 GFR 131, 122 and 133. This information is required to obtain or or makin a branching for the public which is 150 leg for the collection of biomation is required by 25 GFR 131, 122 and 133. This information is required to obtain or makin a branching between the companion of the collection of the collection

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

1 form

Stoma

Signature

Mama